

Application Data Sheet

Application Information

Application number::
Filing Date:: 07/08/03
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: ANIMAL PROTEIN FREE MEDIA FOR
CULTIVATION OF CELLS
Attorney Docket Number:: 37974-0195
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?::
Latin name::
Variety denomination name::
Petition included?::
Petition Type::
Licensed US Govt. Agency::
Contractor Grant Numbers::
Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Austria
Status::	Full Capacity
Given Name::	Manfred
Middle Name::	
Family Name::	REITER
Name Suffix::	
City of Residence::	Vienna
State or Province of Residence::	
Country of Residence::	Austria
Street of mailing address::	Gebrueder-Lang-Gasse 11/17
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	A-1150

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Austria
Status::	Full Capacity
Given Name::	Wolfgang
Middle Name::	
Family Name::	MUNDT
Name Suffix::	
City of Residence::	Vienna
State or Province of Residence::	
Country of Residence::	Austria
Street of mailing address::	Florianigasse 57/1/2/6
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	A-1080

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Austria
Status::	Full Capacity
Given Name::	Leopold
Middle Name::	
Family Name::	GRILLBERGER
Name Suffix::	
City of Residence::	Vienna
State or Province of Residence::	
Country of Residence::	Austria
Street of mailing address::	Dresdnerstrasse 51/8
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	A-1200

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Austria
Status::	Full Capacity
Given Name::	Barbara
Middle Name::	
Family Name::	KRAUS
Name Suffix::	
City of Residence::	Vienna
State or Province of Residence::	
Country of Residence::	Austria
Street of mailing address::	Wasnergasse 19/35
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	A-1200

Correspondence Information

Correspondence Customer Number::



Name::

26633

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number::

Fax Number:

E-Mail address::